Case 1:23-mi-99999-UNA Document 2308-2 Filed 07/20/23 Page 1 of 16 https://researchga.tylerhost.net/CourtRecordsSearch/ViewCasePrint/e70baf20053d5d3cb1e913aae35d8562

Case Information

HAWKINS VS GEORGIA UNITED CREDIT UNION

23-A-02268-9

Location Gwinnett - Superior Court Case Category Civil

Case Type Other General Civil* Case Filed Date 3/20/2023

Judge Mason, Tracey D Case Status Open (Pending)

Parties 2

Туре	Name	Nickname/Alias	Attorneys
Plaintiff	BRITTANY HAWKINS		Pro Se
Defendant	GEORGIA UNITED CREDIT UNION		Pro Se

Hearings 2

Date/Time	Hearing Type	Judge	Location	Result
6/8/2023 09:30 AM	No Service Calendar	Mason, Tracey D	202	Canceled - Per Judge
7/6/2023 09:30 AM	No Service Calendar	Mason, Tracey D	202	Canceled - Other

Events 8

Date	Event	Туре	Comments	Documents
3/20/2023	Filing	Summons		Summons.tif
3/20/2023	Filing	Order to Proceed in Forma Pauperis		Order to Proceed in Forma Pauperis.tif
3/20/2023	Filing	Petition		Petition Filed.tif
3/21/2023	Filing	Request to Proceed As Paupe	r	Petition Filed.tif
5/26/2023	Filing	AMENDED COMPLAINT/PETITION	1	bh1.pdf
6/8/2023	Hearing	No Service Calendar	-	-
6/30/2023	Filing	Sheriff/Marshall's Service		Sheriffs Entry of Service.tif
7/6/2023	Hearing	No Service Calendar	-	-

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Version: 2023.6.0.46



In the Superior Court of GWINNETTH SUPERIORIES State of Grougia 2023 HAR 20 AM 10: 57

TIANA P. GARNER. CLERK

Case #:

Plaintiff: Brittany Hawkins 23A 02268-9

Desendant: Georgia United Credit Union

Titt of Dolument
What you want the Court Studge to know

my Name is Britary Hawkins and I work for GUCUA for a little over byr, and recently have been on FINLA intermints. During Throughout my employment Thave entounted bullying from other Team member and management + upper management too the part two yes. I have while under FMLA for disability I have been havasted on and Off work premise, ongoing, Stalking my personal use factivity of work primise, ongoing, on able to make last priviles on my phone to that I have NOT been able to make last privile on my phone, I lake would fing transactions or activity we if my phone, I lake would

Conti.

get calls from members about on information that is
being discussed on present phone calls. I would get
mbe that would call in aking about on present quotion
that has nothing to do with financial help on their acthat has nothing to do with financial help on their acthat has nothing to do with financial help on their acthat has nothing to do with financial help on their
that her health where
to my health where
I have been weakle to
work.

Secondly, I have made police reports of these incidents, but it has continued. I am have been unable to deck light help (wheneys) due to any company; law hier I call degarding my situation, that fucu knows about ## from phone use factivities that I am Automatizinary Diction to assist me, with Ne Reason giving.

I Need HELP, due to I am fearful of my subject my child's safety. They have also had other more into my apartment building and the situation; surprense tontinue to get nove,!!!

Brittany HAN LIM P.O. BOX 1532 Pire late, 64 (404) 468-4358 bhaw kins 00003 Dgnail.com

Case 1:23-mi-99999-UNA Document	2308-2 Filed 07/20/23 Page 4 of 16
IN THE SUPERIOR COURT OF STATE OF G	OF GWINNETT COUNTY DEFICE
BRIHARY HANKINS)	2023 MAR 20 AM 10: 56
Plaintiff,)) v.)	TIANA P. GARNER. CLERK CIVIL ACTION FILE NO. 23 A 02268-9
hingin United Calling) Union Defendant(s).	
AFFIDAVIT OF ELIGIBILITY TO PR	OCEED IN FORMA PAUPERIS
1. Brittany Hanki	, do hereby swear
or affirm that I am the [Plaintiff [] De	fendant in the above styled case and that
because of my indigent status, I am unable to	pay the costs of this proceeding.
I declare under penalty of perjury	that the responses I have made to all
questions set forth in this Affidavit, spec	ifically relating to my ability to pay the
costs of this proceeding, are true and corr	ect.
This // day of ///	, 20_23./
_	name: Brittany Hawkins
Sworn to and subscribed before me	Sworn to and subscribed before me
thisday of,20	thisday of,20
Notary Public	Deputy Clerk of Superior Court

AFFIDAVIT, Page 2

11	DENTIFTING INFORMATION		_
1	. Name: HAWKINI	BeiHani	J.
	Last	First	Middle
2	. Current Address: P.O. BOX	1/32	
		& Apt. No., if applica	able
	Vine LA	to his	31112
	City	State	Zip Code
3	. Best Telephone Number to Read	ch You: <i>[KOH] /</i> Y	48-4358
4	. Email Address: <u>bhau kin</u>	10000312 gj	nail. con
D	EPENDENTS/DEPENDENCY		
1	. Marital Status: [] Married [(Single [] Divo	rced/Separated.
2	. Is there any other person (spout you financially? [] Yes [se) or people (parent	s) who currently support
	If yes, explain:		
_			
2	. How many people, not including	yoursell, do you cur	rently support? I
L	ist Below: Dunghtt R		
<u>N</u>	lame Age	Relationship	Support Totally
	facter Hanking 3	Waughter	[X/es[]No
_			[Yes[] No
_			[]Yes[]No
			[]Yes[]No
			[]Yes[]No
PUI	BLIC ASSISTANCE		
Do	you currently receive any of the fol	llowing?	
Aid	to Families of Dependent Child	ren (AFDC)	[] Yes [\{ \footnote{\chi_No}
	Amount Received per Month:		\sim
Soc	cial Security Income (SSI)		[]Yes[YNo
	Amount Received per Month:	\$	·

FIDAVIT, Page 3	
Social Security Disability Income (SSDI)	[] Yes [(])No [] Yes [(])No
Amount Received per Month: \$	t
Temporary Assistance to Needy Families (TANF)	[] Yes [()No
Amount Received per Month: \$	` _
Supplemental Nutrition Assistance Program (SNAP)	[] Yes [\(\int \)No
Amount Received per Month: \$	(
Unemployment Benefits	[]Yes[VINo
Amount Received per Month: \$	(
Medicaid	[] Yes [\(\) No
Amount Received per Month: \$	
Public Housing Assistance	[] Yes [\(\frac{1}{1}\)\(\frac{1}\)\(\frac{1}{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}{1}\)\(\frac{1}\)\(\
Amount Received per Month: \$	H.
Do you receive any other kind of public assistance?	[] Yes [No
Amount Received per Month: \$	
TAL AMOUNT OF PUBLIC ASSISTANCE RECEIVED PER MO	ONTH IF ANY
s D	
	
MONTHLY INCOME	
Are you currently employed?	(Ves [.] No
If yes, please list name(s) and phone number(s) of your empmonthly income/wages.	oloyer(s), as well as
Employer Name / Phone	Amout Paid per Month
5 N C U [7/1/4/16-16700	JOHN SON
TAL AMOUNT OF INCOME RECEIVED PER MONTH, IF ANY	: \$
	\mathcal{L}
Do you receive any income from any other source?	[] Yes [XINO

If yes, please list all other income sources on the following page.

	IDAVIT, Page 4		
	Workers Compensation Benefits		[] Yes (() No
•	Amount Received per Month:	\$	
	Insurance Benefits/Proceeds	·	[]Yes []No
	Amount Received per Month:	\$	
*	Pension/Retirement Income		[] Yes [(] No
	Amount Received per Month:	\$	
	Child Support Payments		[] Yes [Mo
	Amount Received per Month:	\$	
	Alimony Payments		[] Yes [] No
	Amount Received per Month:	\$	
-	TAL AMOUNT OF INCOME FROM OTHE CEIVED PER MONTH, IF ANY:	R SOURCES	<u>;</u> .
	ASSETS	\$	•
	Do you have a checking account?		Yes [] No
	If so, at what financial institu	tion: WF	
	What is the current balance i	in your account: \$_ <i>M</i>	nder \$300
	Do you have a savings account?		[\(\frac{1}{2}\)es [] No
Ì	If so, at what financial institution	i: NFCW	
	What is the current balance in y	· · · · · · · · · · · · · · · · · · ·	00
•	Do you own any car(s), truck(s), van(s Make: N) or other vehicle(s)?	[] Yes [VNo
	Make:N	lodel:	Year:
	What is the approximate value of	of the vehicle: \$	
			Year
	Make: N	/lodel:	
	Make: N What is the approximate value of		
-		of the vehicle: \$	
٠.	What is the approximate value	of the vehicle: \$	

AFFIDAVIT, Page 5

5.	Do you own any valuable items of personal property, such as or bonds, jewelry, furs, or other items? (Do not include cloth household appliances such as stoves or refrigerators.)	
	If yes, please describe below: Description Value	ue D
· · · · · · · · · · · · · · · · · ·	\$	
-	\$	
	\$	· · · · · · · · · · · · · · · · · · ·
	Total: \$	·
F.	LIABILITIES	; ;
1.	List all debts owed over \$100 and all payments which you regular basis.	
	Include house payments, rent, child support or alimony pa account payments, loan payments and any other paymen on a regular basis.	ayments, charge t which you must make
	Do not include ordinary expenses such as food, clothing, items.	utility bills and similar
==	Source of Debt Fant Total Amount Owed \$ 400 +	Monthly Payment 1 WKR
	Phone bifls 4 200	Min_pmt
	Total: \$ 2100 x	_ Mr. pnt
	10tan 4 <u>-01</u>	
2	Do you have any unusual or extraordinary expenses or c large medical bills which are not listed above?	ircumstances such as
	If yes, please describe below:	φ
	Source of Debt Milai Dill Total Amount Owed Bit	Monthly Payment

	i otai: \$				
AFF	IDAVIT, Page 6				
3.	Are there any other this action and are n	circumstances whot fully explained	nich render you unable above: (e.g. disability	to pay the costs of illness, etc.)	
. ,			5	[Yes [-] No	3
-	If yes, use the space	e below to explain	your circumstances.		
	Include any facts when pay the required fee		Court determine wheth	er you can afford to	
I	am Cukking	ly Aiagnuss	w/multiple	o Stinisis to	f _y
11	Det forfertably	and final	t postert w	No arritance	VG
fo	WARN BOD Y	precent	Hemr for My	Child.	
				Thanks in Ad.	YEACI,

· Case 1:23-mi-99999-UNA Docume	nt 2308-2 Filed 07/20/23 Page 10 of 16	
Plaintiff(s) v. Glorgia Willa (Viait Union) Defendant(s)	GWINNETT SUPERIOR COURT STATE OF GEORGIA ORDER TO PROCEED IN FORMA PAWALES I COUNTY, GA CIVIL ACTION FILE NO: TIANA P. GARNER, CLER 23 A 0 2 2 6 8 - 9	
ORDER UPON AFFIDA	VIT OF ELIGIBILITY	
TO PROCEED IN FO	ORMA PAUPERIS	
Pursuant to the requirements of O.C.G.A. § 9-15 the documents relative to the financial situation of pleadings, including the Statement of Claim, Affia	f the Plaintiff (if any), as well as all other initial nt's request to proceed <i>in forma pauperi</i> s is:	
HEREBY GRANTED. After considering the Poverty Guidelines established by the U.S. Department of Health and Human Services at 125% or less of the poverty level, and based upon the size of the family unit, it appears to the Court that the Affiant is unable to pay the filing fees associated with this action. Therefore, the Affiant's pleadings shall be filed, and the Affiant shall be relieved from paying the filing fee, Sheriff's service fee, and, if a judgment is awarded to the Plaintiff, any fees associated with the issuance of a fi fa and post judgment interrogatories.		
HEREBY DENIED BASED ON FINANCIAL GUIDELINES. Following a hearing during which the Court took sworn testimony from the Plaintiff regarding the contents of his/her Affidavit of Indigence, the Court finds that the Affiant has <i>not</i> demonstrated that he/she is unable to pay the filing fee and associated costs of this action based upon the Poverty Guidelines established by the U.S. Department of Health and Human Services at 125% or less of the poverty level, considering the size of the family unit; therefore, the Affiant shall not be relieved from paying the filing fee, Sheriff's service fee, or other required Court costs.		
*The hearing took place in Courtroom Administration Center on: [] the date of th 20	of the Gwinnett County Justice and e Order; or [] the day of,	
filed by the Affiant shows in its face such a control and/or fact that it cannot reasonably believed the party named in the pleading. A copy of this Order shall be served on Pursuant to O.C.G.A. §9-15-2(b), any other party a indigency by verifying under oath that the same is traverse challenging this Order, the Court shall schedule to pay costs.	MPLETE ABSENCE OF ANY JUSTICIABLE i.A. § 9-15-2(d), the Court finds that the pleading implete absence of any justiciable issue of law nat the Court could grant any relief against any the opposing party(ies) along with the Complaint interest may contest the truth of the affidavit of a untrue. In the event any interested party files a dule a hearing to determine whether Plaintiff shall be	
	Judge Gwinnett Superior Court	

IN THE SUPERIOR COURT OF GWINNETT COUNTY

Partless 1/2 1	STATE OF GEORGIA	FILED IN OFFICE LERK SUPERIOR COURT GWINNETT COUNTY, GA	
Britary HANGINS	\overline{x}	2023 MAR 20 AM 10: 56	
	•	TIANA P. GARNER, CLERK CIVIL ACTION NUMBER:	
PLAINTIFF		23A 02268	- 9
Growia United -	••••	•	· 27
		•	
DEFENDANT	,		
•	SUMMONS		
TO THE ABOVE NAMED DEFENDANT:			
You are hereby summoned and required to fand address is:	file with the Clerk of said court and	serve upon the Plaintiff's attorney, whos	e name
			į
	1	i	
an answer to the complaint which is herewith the day of service. If you fail to do so, judgment this day of Ma	nt by default will be taken against y () () () () () () () () () (iana P. Garner to of Superior Court Deputy Clerk	.int.
INSTRUCTIONS: Attach addendum sheet for	r additional parties if needed, make	notation on this sheet if addendum sheet	is used.

SC-1 Rev. 2011

In the Superior Court of Gwinnett Colonia GGA State of Georgia 23-A-02268-9

(ast #: 23-A-00218-9

Plaintiff: Britfany Hawkins

Desendant: Georgia United Credit Union

A Address of parended Civil Petition Titte of Botument

What you want the Court Studge to know

my Name it Britary Hawkins and I work for GUCKA for a little over syx, and recently have been on FALA intelmint. During Throughout my employment I have entounted bullying from other Team member and nanagemen - Upper management too the part two yes. I have while 'nder FMLA for disability I have been havassed on and If work premise, ongoing, Statking my personal use activity In my phone to that I have NOT been able to make law private in my phone, I lake would in the transactions or activity we of my phone, I lake would Conti...

get call from members about on inhermation that is being discussed on present phone call. I would get move that would call in aking about on present quotion that has nothing to do with financial help on their actions. It that cause breat emutional DITARIES And states ounts. It that cause breat emutional DITARIES and for my health where to make to my health where I have been unable to work.

Seconally, I have made perior repress of there incidents but it has continued. I am have been unable to dick legal help (attenneys) due to any company; law from I call degarding my situation, that fully knows about the freen phone we factivities that I am paromaetismusy Declene to aspirt me, with No keapon giving.

I Need HKLP, due to I am flaeful of my lasty to my childres safey. They have also had other more into my apartment building and the situation; accuracence for limb to get wore. !!!

Bestany Frankin P.O. Box 1532 Pine Lake, 6th (404) 468-4358 Danail. Com bhaw kins 00003 Danail. Com Conti.

Also, Suit is for poin and suffering damages

And any legal fee for Attorney and court,

Suing amount asking for damage is \$30,000-30,000.

A Also, have filed with EEOC and Letter of Rights.

Ade-

Britary Hambins
P. O. BOX153 2
Pine Lake, Gh 30072
(404) 468-435 8
bhawkins 00003 agmail.

Civil Action No. <u>23-A-V2268-</u> Date Filed <u>03/10/2023</u>	Magistrate Court Superior Court State Court Georgia, Gwinnett County Blittany
Attorney's Address BRIHANY HAWKINS P.O. BOX 1532 Pine Lake,	Plaintiff Grorgia United Chalifully
Name and Address of party to be served. Girland Anited Chrait 6705 Jugarloaf Plan Ovluth, GN 300911	Defendant Linion Garnishee
She 	eriff's Entry Of Service
I have this day served the defendant of the within action and summons.	perso
I have this day served the defendant a copy of the action and summons at his most not Delivered same into hands of years; weight, about the residence of defendant.	
Served the defendant	
premises designated in said affidavit, and on the s Mail, First Class in an envelope properly address	d summons on the defendant(s) by posting a copy of the same to the door of the ame day of such posting by depositing a true copy of same in the United States ed to the defendant(s) at the address shown in said summons, with adequate efendant(s) to answer said summons at the place stated in the summons.
Diligent search made and defendant	
This 20 day of Jule	2013. Dr.M. SC+ Collins 0500 Deputy
Sheriff Docket Page	Gwinnett County, Georgia
WHITE: Clerk CANARY: Plaintiff / Attorney SC-2 Rev.3.13	PINK: Defendant

Printed: 5/30/2023 9:32: 24 AME 1:23-mi-99999-UNA Document 2308-2 Filed 07/20/23 Page 1:23-mi-9999-UNA Document 2308-2 Filed 07/20/23 Page 1:23-mi-9999-UNA Document 2308-2 Filed 07/20/23 Page 1:23-mi-999-UNA Document 2308-2 Filed 07/20/23 Page 1:23-mi-99-UNA Document 2308-2 Filed 07/20/23 Page 1:23-mi-99-UNA Document 2508-2 Filed 07/20/23 Page 1:23-mi-99-UNA Document 2508-2 Filed 07/20/24 Filed 07/20/24

Gwinnett County Sheriff's Office Cover Sheet



Sheriff #:

23016744

Person Served:

GEORGIA UNITED CREDIT UNION

6705 SUGARLOAF PARKWAY

DULUTH GA 30097

PHONE:

D	roces	ee l	nf	orn	201	ion	
۳	roces	รรา	ш	Orn	Idl	IOH	ū

Date Received:

05/30/2023

Assigned Zone:

30097

Court Case #:

23-A-02268-9

Expiration Date:

Hearing Date:

Paper Types:

COMPLAINT

Notes/Alerts:

Notes:				
		•	· -	